

LETTER OF AGREEMENT

AND NOW this ___ day of _____, 2017, the **County of Tioga**, (County), whose principle place of business is County Courthouse, 118 Main Street, Wellsboro, PA 16901 and the **Wellsboro Area School District**, (School), whose principle place of business is 227 Nichols Street, Wellsboro, PA 16901, enter into the following agreement regarding liaison and other appropriate agency services to be offered in support of the Student Assistance program Core Team(s).

WHEREAS, the Pennsylvania General Assembly has through Act 211 of 1990 (Section 4(2)g) expressed its intent to provide appropriate counseling and support services to students who experience problems related to the use of drugs, alcohol or dangerous controlled substances; and

WHEREAS, the General Assembly has requested and received from the Secretary of Education a plan requiring each school district to establish and maintain said counseling and support services for its students; and

WHEREAS, that plan identified the Student Assistance Program as the proper vehicle to deliver that counseling and student support; and

WHEREAS, the effectiveness of the Student Assistance Program is dependent on the cooperation and special services available through local provider agencies; and

WHEREAS, this is a joint initiative between the county Drug and Alcohol and Mental Health programs to render services to Student Assistance Program School District Teams;

NOW THEREFORE, desiring to cooperate and to coordinate their resources in behalf of the efforts of the Student Assistance Program Core Team(s), the parties mutually agree to the following responsibilities of the County of Tioga and the School District:

I. Effective Date; Term. The term of this Agreement shall be from **July 1, 2017** to **June 30, 2018**.

II. Health Insurance Portability and Accountability Act (HIPAA). The County may make available and/or transfer to the Contractor certain Protected Health Information (PHI), in conjunction with goods or services that are being provided by the Contractor to or on behalf of the County, this is confidential and must be afforded special treatment and protection in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations at 45 CFR Parts 160-164 and any subsequent requirements, where applicable.

III. Responsibilities of the County of Tioga:

A. Designate specific provider agency(ies)/staff to render the following liaison arrangements and service provisions to SAP School District Teams:

1. Designated Liaison:

The County provides designated liaisons to each Student Assistance core team program. These liaisons will be assigned to serve for the school year. The assignment will be made at the beginning of each school year via a letter addressed to the superintendent of the school district in which the Core Team resides. The Superintendent will notify the County via a return post card that the assignment is indeed satisfactory.

Consideration will be given by the County to rotating liaisons among teams so that all teams have the benefit of the County's various staff strengths.

The designated liaison(s) will attend the regularly scheduled team meetings unless a related work assignment within the County requires his/her immediate priority attention or unless he/she is on vacation, sick leave or other short term absence. Meetings will take place as follows:

Wellsboro: a minimum of two team meetings per month per team as mutually agreed upon and as requested.

In the event that a designated liaison is going to be unavailable for an extended period of time due to extended sick leave, job reassignment, etc., the County will assign a replacement designated liaison. This replacement will be discussed with the school Superintendent prior to an assignment being made.

Consultation/Education Services:

The designated liaison will provide these forms of consultation services to the Team:

- Screening of Need for Services
- Explanation of Available Services
- Assisting with Referrals for Services
- Assisting with Problem Resolution

Upon request and within the available funding resources, the designated liaison will provide in-service training/education services to the team, (either directly or by arranging for other County staff). Trainings may include, but are not limited to the following:

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Introduction to Dynamics of Mental Illness
Introduction to Dynamics of Chemical Addictions
Introduction to Dysfunctional Families
Introduction to the Integrated Service Delivery System in Tioga County
SAP Liaison Role

2. Central Assessment Referral Procedures:

Referrals for County services should be made through the Family Services Department of the Tioga County Department of Human Services according to the following steps and procedures:

- a) The SAP Liaison will be responsible to make referrals to the D&A Casemanager Services unless otherwise arranged;
- b) If the Team members prefer to make the referrals directly the following steps should be taken:
 - 1) Telephone call (1-800-242-5766) or letter or office visit made by Team Member.
 - 2) Team Member should ask to speak to the D&A Casemanager.
 - 3) Team Member should provide the D&A Casemanager with as much information that is available and needed to complete the Common Application Form (CAF); See Attachment A.
- c) Once the referral is made:
 - 1) The CAF will be assigned to a D&A Case Manager in the D&A unit who will contact the student/student's family at a mutually convenient location to complete a basic assessment of the need for services and determine eligibility for services.
 - 2) The D&A Case Manager will also present the referral and assessment information, either through consent or anonymously, to the Service Planning Team which will recommend appropriate services or suggest further assessment activities.
 - 3) This D&A Case Manager will provide or arrange for the provision of appropriate direct services which may be needed on an urgent or emergency basis.

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- 4) With the consent of the student, the County will release appropriate information back to the team to assist them in providing appropriate school-based intervention and support.
- 5) The assigned D&A Case Manager will serve as the student/family's advocate as well as the broker of appropriate services.
- 6) With the consent of the student, the County will notify the team when the County ends its involvement with the student/family, based on the recommendation of the Service Planning Team.

3. Assessment Services:

The assigned D&A Case Manager will assist the student/family in accessing appropriate assessment services through the County or through another community provider of appropriate assessment services.

In some cases, the SAP Core Team or the Service Planning Team will identify the need for other assessment services. The assigned D&A Case Manager will assist the student/family in securing these evaluations within the appropriate means available to the student/family and the County.

The D&A Case Manager will assist the family in making application for available funding for payment for these services (such as Medical Assistance, D&A funds, etc.).

4. Emergency Crisis Assistance:

The County handles emergencies in a variety of ways, depending on the type of emergency identified when the call is made to the County. Medical or fire emergencies are immediately referred to 911. Requests for Emergency (Mental Health) Crisis Assistance should be made by calling 1-877-724-7142. Emergency D&A request and reports of suspected child abuse or serious neglect which indicate that a child is immediately at risk for injury are handled by the Family Services Department. The regulations for some service categories do not recognize the need for emergency referrals or services.

Emergency (Mental Health) Crisis Assistance provides crisis intervention for persons in acute emotional distress as the result of their own or a family member's mental illness or life situation. This service can be accessed directly through calling 1-877-724-7142. The on-duty Crisis Intervention Worker will assess the situation and decide appropriate action. Mobile crisis is available upon a situation being deemed unmanageable through Telephone Crisis or Walk-in Crisis. Mobile crisis can be utilized by schools and other community based

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programs to assess an individual experiencing mental health crisis. In providing off-site intervention, the potential risk to staff and community residents must be considered. When appropriate, police officers may be used to secure the off-site location, removing any weapons from persons in crisis, etc. Walk-in crisis is available to any Tioga County resident experiencing a mental health crisis during the hours of 8:30 a.m. – 4:30 p.m. The Walk-in crisis office is located at 63 Third Street, Suite 103 Mansfield, PA 16933.

After the crisis situation has been resolved with appropriate emergency services being offered, follow-up service recommendations and referrals are made by the Crisis Worker. If requested or indicated by the need for service, a referral is made during the next business day to the Family Services Department for follow-up.

5. Provisions for Treatment and After Care:

Treatment Services will be offered by the County to SAP referrals as indicated in Section A.2. above. SAP referrals will be considered for all eligible and appropriate services available by direct service offered by the County, provided by the County through Purchase of Service contracts, or through other community agencies. A complete listing of area services is available through Help Line, an Information and Referral HotLine. The Tioga County Department of Human Services maintains a catalog of human services available in Tioga County.

After care services are arranged for, or provided directly according to the plan developed by the Service Planning Team and the service delivery professionals providing services directly to the student/family. The D&A Case Manager is responsible for the coordination and brokering of these services.

6. Other Services or Conditions in Support of SAP

A. The County is committed to the early identification of needs for human services, especially as they impact on a young person's family life and educational experience. The County expresses this commitment in a tangible way by providing the above services in support of SAP in Tioga County schools. As the County becomes aware of the availability of funding or other services which might be useful in support of SAP, the County will notify SAP personnel and cooperate with them to secure these resources on behalf of the children, youth and families we serve.

B. Retain and monitor copies of letter of agreements, between each agency and school district within the county.

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C. Provide representation with decision making authority, at all SAP Coordination Team meetings, monitor the SAP Coordination Team Action Plan and its implementation via contracts between the county and provider agencies.

D. Facilitate and/or utilize the following Conflict Resolution Process to resolve local issues:

Step 1 District Core Team and Local Provider Agency

Step 2 School Building Administrator and Administrator of Local Provider Agency

Step 3 School District Central Office Administrator, Tioga County Department of Human Services Administrator

Step 4 Regional Coordinator(s), School District Superintendent, and OMH Area Office Community Program Manager or Office of Drug and Alcohol Programs' Representatives

Step 5 Interagency Planning Committee

Note: The personnel indicated at each STEP does not preclude the inclusion of other individuals involved with the Student Assistance Program.

E. Foster cooperation between SAP and CASSP in working with children.

F. Review SAP program outcomes with SAP program staff.

G. Foster cooperation between SAP and the Intermediate Unit #17 interagency coordinator.

H. Provide in-service training annually to the school districts, as requested, on programs that provide preparation for teaching prevention of alcohol, chemical, and tobacco abuse.

IV. Responsibilities of the School District:

A. Develop an appropriately staffed core team for each building in which SAP will be instituted and ensure that team members attend all required training.

B. Establish two common team meetings per week/cycle (expected meeting time is 80 minutes per week) for trained core team members and provide time for team maintenance activities at least twice a year.

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C. Provide information for new teachers and substitute teachers as part of the regular induction process. The information should inform faculty and support staff about the components of SAP and explain the procedures for making referrals to the core team.

D. Update the school board on SAP activities on a regular basis.

E. Develop guidelines on how caretakers/guardians and other caretakers of children will become involved in the SAP process.

F. Provide non-clinical, school-based intervention and aftercare groups with trained facilitators within one calendar year of completion of the initial SAP training. Students returning from in-patient treatment should receive these services at least one period per week. Group facilitators must attend a group facilitator training, with an emphasis on adolescent issues, prior to conducting groups. All groups conducted in the school should be co-facilitated by at least one school person.

G. Agree to utilize the Conflict Resolution process as outlined in: **III.6.D. Responsibilities of the County of Tioga**, if problems occur between service provider agencies and the school district.

H. Submit annual data on the Aggregate Student Tracking Form and other information regarding the Student Assistance Program, as requested by the Commonwealth.

V. Joint Responsibilities:

A. Agree to work cooperatively to avoid any duplication of services.

B. Agree to comply with State and Federal Drug and Alcohol confidentiality regulations when a student is referred for treatment by the Student Assistance Program (SAP).

C. Agree to submit reporting forms to respective state agencies as required.

This Agreement constitutes the entire Agreement between the County of Tioga and the Wellsboro Area School District. However, it may be amended in writing, with the consent of both parties, duly authorized and executed and attached to the original agreement.

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IN WITNESS WHEREOF, the County of Tioga and the Wellsboro Area School District have caused this Agreement to be executed by their duly authorized officials as of the date set forth in the heading.

SCHOOL DISTRICT:

COUNTY OF TIOGA:

Superintendent Date

County of Tioga Date

School Board President Date

Witness Date

TIOGA COUNTY COMMISSIONERS:

Commissioners

ATTEST: (SEAL)

Chief Clerk

Date

Attorney

ATTACHMENT A
COMMON APPLICATION FORM (CAF)

**TIOGA COUNTY DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES COMMON INTAKE & REFERRAL**

CLIENT NAME: _____ **INTERVIEW DATE:** _____

CLIENT #: 591- _____ **AGE AT INTERVIEW DATE:** _____

NAME OF PARENT/CARETAKER WHO PROVIDED INFORMATION(if applicable) _____

1. PRESENTING PROBLEM:

- | | | | | |
|-------------------------------------|---------------------------------------|---|--|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Behavior | <input type="checkbox"/> Acting Out | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Relationship | <input type="checkbox"/> Non-Assertiveness |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Abuse victim | <input type="checkbox"/> Family | <input type="checkbox"/> Emotional | <input type="checkbox"/> Homicidal |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Stress | <input type="checkbox"/> Marital | <input type="checkbox"/> Financial | <input type="checkbox"/> Grieving |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Violence | <input type="checkbox"/> Neo-natal Intensive Care Unit (NICU) | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Perpetrator |

COMMENTS: _____

2. CLIENT/PARENT STRESSORS:

- | | |
|--|---|
| <input type="checkbox"/> No suitable place to live that you can afford | <input type="checkbox"/> Divorce/separation of adult family members |
| <input type="checkbox"/> Problems with plumbing, lighting or heating | <input type="checkbox"/> Family members can't get along |
| <input type="checkbox"/> Too many people living in housing unit | <input type="checkbox"/> Family member is pregnant |
| <input type="checkbox"/> Frequent moves | <input type="checkbox"/> Doesn't want relatives/friends to live with family |
| <input type="checkbox"/> No phone at home | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Not enough to eat | <input type="checkbox"/> Finds it hard to relax |
| <input type="checkbox"/> Not enough money to buy necessities & pay bills | <input type="checkbox"/> Child has serious emotional/behavioral problems |
| <input type="checkbox"/> Needs public assistance to live | <input type="checkbox"/> Adult member in new job or school |
| <input type="checkbox"/> Not able to get where he/she needs to go | <input type="checkbox"/> Family member has a physical handicap |
| <input type="checkbox"/> Looking for a job and can't get one | <input type="checkbox"/> Regular arguments/conflicts between adults |
| <input type="checkbox"/> Hassles with bill collectors | <input type="checkbox"/> Death of an immediate family member |
| <input type="checkbox"/> Unable to budget money | <input type="checkbox"/> Trouble with teachers at school |
| <input type="checkbox"/> Unable to find child care during work hours | <input type="checkbox"/> Client/Fam mem in jail, detention or on probation |
| <input type="checkbox"/> Doesn't have emergency child care available | <input type="checkbox"/> Adult family member quit or lost job |
| <input type="checkbox"/> Doesn't have medical/dental care for family | <input type="checkbox"/> One adult family member away from home |
| <input type="checkbox"/> Conflict with others (not family) | <input type="checkbox"/> Poor Health |
| <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Concerns about child's health/development needs |
| <input type="checkbox"/> Overwhelmed by special care of child | |
| <input type="checkbox"/> Other | |

APPLICABLE INCIDENT DATES:

DATE	INCIDENT

COMMENTS: _____

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3. WHAT CHANGE(S) CLIENT/CARETAKER DESIRES OR WANTS HELP WITH:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Legal advise | <input type="checkbox"/> MR Services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Job-related training | |
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Employment | |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Financial assistance | |
| <input type="checkbox"/> Psychiatric treatment | <input type="checkbox"/> Help with personal problems | |
| <input type="checkbox"/> Help with school issues | <input type="checkbox"/> Help with marital problems | |
| <input type="checkbox"/> Recreation & social activities | <input type="checkbox"/> Help with family problems | |
| <input type="checkbox"/> Birth control information | <input type="checkbox"/> Housekeeping skills | |
| <input type="checkbox"/> Friends and moral support | <input type="checkbox"/> Training on how to care for children | |
| <input type="checkbox"/> Help with drug problem | <input type="checkbox"/> Help with emotional problem | |
| <input type="checkbox"/> Help with alcohol problem | <input type="checkbox"/> Help learning to read | |
| <input type="checkbox"/> Day care for children | <input type="checkbox"/> Help learning to control anger | |
| <input type="checkbox"/> Learning respect for myself | <input type="checkbox"/> Help learning how to communicate with child | |
| <input type="checkbox"/> Help child reach his/her developmental potential | <input type="checkbox"/> Support network | |
| <input type="checkbox"/> Other _____ | | |

COMMENTS: _____

4. CLIENT CURRENT AND PREVIOUS RELATIONSHIPS: N/A

CURRENT RELATIONSHIP TYPE: N/A Marriage Paramour Girlfriend/Boyfriend
 PREVIOUS RELATIONSHIP TYPE N/A Marriage Paramour Girlfriend/Boyfriend
 HOW MANY RELATIONSHIPS? _____ Describe:

CURRENT RELATIONSHIP	YES	NO	N/A
We agree on our goals for the relationship			
We set priorities together			
Our decision whether to have children is mutual			
We agree on our child rearing methods			
We like our in-laws and enjoy their company			
We have some shared interests			
We have some mutual friends			
We are able to socialize together with friends and family			
We communicate well with each other			
We trust each other			
We respect each other			
We agree on or mutually respect our religious views and values			
We are in love with each other			
Our political preferences are not determined by our significant other			
Other:			

COMMENTS: _____

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5. RELATIONSHIP BETWEEN CLIENT AND HIS/HER CHILD(REN): N/A

- | | |
|--|--|
| <input type="checkbox"/> Shows physical affection to child | <input type="checkbox"/> Feels misunderstood by child |
| <input type="checkbox"/> Can communicate feelings to child | <input type="checkbox"/> Frightened or withdrawn around child |
| <input type="checkbox"/> Shows respect for child | <input type="checkbox"/> Feels confused about expectations for child |
| <input type="checkbox"/> Sets rules and child follows them willingly | <input type="checkbox"/> Sets rigid rules regarding child's behavior |
| <input type="checkbox"/> Bonds well with child | <input type="checkbox"/> Bonding is minimal-relationship is hostile or rejecting |
| <input type="checkbox"/> Is responsive to child's requests | <input type="checkbox"/> Is stern and inflexible |

COMMENTS:

6. RELATIONSHIP BETWEEN CLIENT AND HIS/HER PARENTS: N/A

	MOTHER	FATHER	BOTH	N/A
Feels understood by parents				
Can communicate feelings to parents				
Shows respect to parents				
Shows physical affection to parents				
Cooperates & follows rules most of the time				
Bonds well with parents				
Makes eye contact with parents				
Feels misunderstood by parents				
Feels confused about parental expectations				
Frightened or withdrawn around parents				
Fights or provokes fights frequently with parents				
Is mostly uncooperative, oppositional & indifferent				
Bonding is minimal-relationship is hostile or rejecting				
Difficulty separating from parents/caregivers				

COMMENTS:

7. RELATIONSHIP BETWEEN CLIENT AND OTHER CAREGIVERS: N/A

- | | |
|---|--|
| <input type="checkbox"/> Cooperates and follows rules | <input type="checkbox"/> Is uncooperative |
| <input type="checkbox"/> Shows respect | <input type="checkbox"/> Frightened or withdrawn around caregivers |

COMMENTS:

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8. RELATIONSHIP BETWEEN CLIENT AND SIBLINGS:

N/A

	YES	NO	APPLIES TO ALL	APPLIES TO SOME
Shares with siblings				
Interacts well without disagreements				
Shows affection to siblings				
Is willing to compromise with siblings				
Siblings support me when I need it				
Siblings are my friends				
Fights with siblings				
Teases/agitates other siblings				
Wants to have his/her own way most of the time				
Is dominated by other siblings				
Ignored by siblings most of the time				
No contact with siblings				

COMMENTS:

9. RELATIONSHIP BETWEEN CLIENT AND FRIENDS/PEERS:

N/A

	YES	NO	N/A
Has some friends			
Has no friends			
Has trouble making friends			
Has close, lasting friendships			
Has friends who are a bad influence			
Bullies others			
Is teased a lot by others			
Is socially immature			
Relates to or interacts well with people the same age			
Has friends that are mainly of the opposite sex			

COMMENTS:

10. CLIENT USE OF LEISURE TIME:

N/A

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Does nothing | <input type="checkbox"/> Watch TV | <input type="checkbox"/> Go to bars | <input type="checkbox"/> Family Activities |
| <input type="checkbox"/> Drink alcohol | <input type="checkbox"/> Take illegal drugs | <input type="checkbox"/> Listen to music | <input type="checkbox"/> Outdoor Activities |
| <input type="checkbox"/> Read | <input type="checkbox"/> Talk on phone | <input type="checkbox"/> Play organized sports | <input type="checkbox"/> Spend time with pets |
| <input type="checkbox"/> Go to parties | <input type="checkbox"/> Go to concerts | <input type="checkbox"/> Play video games | <input type="checkbox"/> Gamble |
| <input type="checkbox"/> Play computer games | <input type="checkbox"/> Work on a computer | <input type="checkbox"/> Use the Internet | |
| <input type="checkbox"/> Church activities | <input type="checkbox"/> Dating | <input type="checkbox"/> Dancing | |
| <input type="checkbox"/> Work on hobbies | <input type="checkbox"/> Other _____ | | |

COMMENTS:

11. CLIENT RELIGIOUS LIFE INVOLVEMENT:

NONE

N/A

- | | |
|---|---|
| <input type="checkbox"/> Member of a religion/religious organization | <input type="checkbox"/> Participates in church activities occasionally |
| <input type="checkbox"/> Actively involved in the church/religious organization | <input type="checkbox"/> Religious life dominates his/her life |
| <input type="checkbox"/> Is spiritual but does not identify with a religion | <input type="checkbox"/> Other _____ |

COMMENTS:

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12. LIVING ARRANGEMENTS:

OWNS

RENTS

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Apartment | <input type="checkbox"/> Room | <input type="checkbox"/> Trailer |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Shelter | <input type="checkbox"/> Institution | <input type="checkbox"/> Subsidized Housing |
| <input type="checkbox"/> Bridge Housing | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Foster Care (Describe conditions of parents home in comments section) | | | |
| <input type="checkbox"/> Other _____ | | | |

COMMENTS: (Describe type of arrangement/conditions of home)

13. CLIENT/PARENT FINANCIAL DIFFICULTIES:

NONE

- | | | |
|--|---|---|
| <input type="checkbox"/> No income | <input type="checkbox"/> Not getting child support | <input type="checkbox"/> Waiting list for subsidized benefits |
| <input type="checkbox"/> Trouble paying bills | <input type="checkbox"/> Poor credit history | <input type="checkbox"/> Pending shut off notices |
| <input type="checkbox"/> Credit card debt | <input type="checkbox"/> Pending eviction notices | <input type="checkbox"/> Fines/Legal Restitutions |
| <input type="checkbox"/> Not enough money for: → | <input type="checkbox"/> Food <input type="checkbox"/> Clothing | <input type="checkbox"/> Medical <input type="checkbox"/> Transportation <input type="checkbox"/> Housing |
| | <input type="checkbox"/> Leisure Activities | |

Other: _____

COMMENTS:

14. CLIENT PREVIOUS TREATMENT FOR MH / MR / D&A:

NONE

YEAR	MH	MR	D&A	PROVIDER	PROBLEM

COMMENTS:

15. CLIENT SUICIDE RISK:

Yes, Active Plan

No

Suicidal Thoughts

N/A

Previous Suicide Attempts? Yes No If yes, how many times? _____

COMMENTS: (Required if Yes response)

16. CLIENT ASSAULTIVE BEHAVIOR:

Yes

No

N/A

COMMENTS (Required if response is Yes):

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17. FAMILY HISTORY OF MH / MR / D&A / C&Y PROBLEMS: NONE

RELATIONSHIP TO CLIENT	MH	MR	D&A	C&Y	PROBLEM

COMMENTS:

18. CLIENT EDUCATIONAL HISTORY: NONE

(CHECK HIGHEST EDUCATIONAL LEVEL)

- Preschool Headstart Elem. School Middle School High School H.S. Graduate
 GED Attends College(Undergraduate) Some College (Undergraduate)
 College Graduate (Associates or Bachelor Degree) Graduate work and/or degree

(CHECK THOSE THAT APPLY)

- In school - Current grade level: _____ IEP/Special Learning Problems - # Years _____
 Dropped Out - Last grade completed: _____

COMMENTS:

19. CLIENT/PARENT EMPLOYMENT HISTORY: NONE

(Check all that apply)

- Currently Employed Full time permanent Full time temporary Part time permanent
 Unemployed Part time temporary Sporadic Employment
 Incarcerated Seeking employment Retired Disability
 Work Release

Primary Occupation: _____

Current Job (if employed): _____

COMMENTS:

20. CLIENT MILITARY HISTORY: NONE

YEARS	BRANCH	TYPE OF SERVICE	WARS FOUGHT	TYPE OF DISCHARGE

COMMENTS:

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21. CLIENT LEGAL STATUS: NO RECORD

	CHARGE	DISPOSITION / SENTENCE	PROBATION/PAROLE OFFICER
PRESENT (If pending or if incarcerated)			
PAST DATE:			
PAST DATE:			
PAST DATE:			

COMMENTS:

22. FAMILY MEDICAL INSURANCE INFORMATION (Other than MA): None

COMPANY NAME	POLICY # / GROUP #	WHO IS COVERED

23. CLIENT'S PHYSICIAN / TOWN: NONE _____

24. CLIENT'S DATE OF LAST COMPLETE PHYSICAL: _____

25. CLIENT'S MAJOR SURGERY / DATES NONE

TYPE OF SURGERY	DATE

COMMENTS:

26. CLIENT MEDICATIONS (List those you take on a regular basis) NONE

NAME	NAME

COMMENTS:

27. CLIENT MOTHER'S PRE-NATAL/BIRTH HISTORY N/A

- | | | |
|---|---|--|
| <input type="checkbox"/> Used Drugs and/or Alcohol | <input type="checkbox"/> Used tobacco | <input type="checkbox"/> Full term pregnancy |
| <input type="checkbox"/> Trauma caused the birth of child | <input type="checkbox"/> History of premature births | <input type="checkbox"/> No problems |
| <input type="checkbox"/> Took medication during pregnancy | <input type="checkbox"/> History of domestic violence | |
| <input type="checkbox"/> Problems during birth of child | <input type="checkbox"/> High-risk pregnancy | |

COMMENTS:

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28. CLIENT HEALTH HISTORY (DO YOU HAVE OR HAVE YOU EVER HAD)

PULMONARY

- Asthma
- Chronic Cough
- Lung Trouble
- Shortness of Breath

E.E.N.T.

- Defective hearing
- Frequent head colds
- Frequent nosebleeds
- Frequent ear infections
- Chronic Sinusitis
- Defective vision
- Glaucoma
- Retinopathy
- Cataracts

CARDIAC

- Heart trouble
- Heart disease
- Low blood pressure
- High blood pressure
- Rapid/irregular heart beat
- Pain in chest

GENITO-URINARY

- Kidney or bladder trouble
- Prostate gland disease
- Bedwetting
- Urinary problems (painful, excessive, too little, involuntary)
- Menstrual problems
- Venereal disease/STD

NEUROLOGICAL

- Head injury
- Frequent headaches
- Nervous problems
- Shock treatment
- Fainting spells
- Epilepsy
- Convulsions
- Dizziness
- Blackout spells
- Paralysis
- Meningitis
- Encephalitis
- Coma
- Muscle weakness
- Poor coordination
- Tremors
- Tics
- Trouble speaking
- Numb or tingling limbs
- Blurred/double vision

- Brain tumor
- Neuropathy

ORTHOPEDIC

- Neck trouble
- Back pain
- Arthritis
- Cramps

DERMATOLOGY

- Skin disorders
- Itching
- Excessive sweating
- Hives
- Allergies: ___ Medication
 ___ Skin ___ Other

GASTRO-INTESTINAL

- Nervous stomach
- Eating disorder
- Ulcers
- Intestinal trouble (gas)
- Diarrhea
- Colitis (colon trouble)
- Diverticulitis
- Nausea / vomiting
- Constipation
- Encopresis

ENDOCRINE

- Thyroid gland trouble
- Gland trouble
- Diabetes (sugar in urine)
- Unusual weight gain or loss

MISCELLANEOUS

- Chronic unexplained pain
- Jittery
- Excessive thirst
- Frequent hunger
- Fatigue
- Liver trouble, jaundice, hepatitis

PSYCHIATRIC / EMOTIONAL

- Crying spells
- Trouble sleeping
- Nightmares
- Sudden early morning awakeness
- Change of appetite
- Energy
- Spells of terror or panic
- Fear of open/closed spaces
- Other fears
- Rituals
- Hear voices or see things others don't

- Have unusual powers
- Fear that other people are against you
- Buying sprees, high energy level, racing thoughts

OTHER DISEASES/CONDITIONS

- Cancer
- Muscular Dystrophy
- Spina Bifida
- Cleft Lip/Palate
- Cerebral Palsy
- Multiple Sclerosis
- Down Syndrome
- Hydrocephaly/Microcephaly
- ADHD/ADD
- Parkinson's Disease
- Lyme Disease
- Fibromyalgia
- Epstein-Barr Syndrome
- Autism
- Crohns Disease
- Cystic Fibrosis
- Hemophilia
- Other _____

INFANT/TODDLER INDICATORS

- NICU Care: _____ weeks/days
- Respirator/Ventilator
- Supplemental Oxygen
- # Weeks Gestation _____
- Birth Weight _____
- Speech Impairment
- Visual Impairment
- Hearing impairment
- Chronic Lung Disorder
- Jaundice
- Seizure Activity
- Brain Bleeds
- Survivor of a multiple birth
- Low muscle tone
- High muscle tone
- Incubator
- G/NG Tube
- Transfusion
- Apnea Monitor
- Retinopathy
- Abuse/neglect
- Special Dietary needs
- _____
- Congenital heart problem
- In-home nursing care
- Other _____

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33. CLIENT'S PERSONAL APPEARANCE:

- HYGIENE:** Good Adequate Poor Unhealthy N/A
- DRESS:** Neat Acceptable Sloppy Provocative Bizarre N/A
- PHYSICAL STRUCTURE:** Large Average Small N/A
- HT & WT APPROPRIATE:** Appropriate Obese Heavy Thin Dangerously Thin N/A
- POSTURE:** Appropriate Stiff Slouched Stooped N/A
- OTHER CHARACTERISTICS:** Excessive clothing – nothing exposed Jaundice
 Needle tracks, thrombosed veins, skin abscesses
 Pupils inappropriately large or small
- INFANT CHARACTERISTICS:** Well cared for Responds appropriately Failure to thrive N/A
 Appears neglected Small for age Unresponsive
 Listless Malnourished

COMMENTS:

34. CLIENT'S ORIENTATION: Time Place Person Situation N/A

35. CLIENT'S COMMUNICATION SKILLS: N/A

- RESPONSES:** Direct Non-specific, vague Evasive Minimizes or denies problems
 Inappropriate Inconsistent Argumentative
- COGNITIVE:** Alert & bright Rambling Confused Sleepy, spacey, lethargic
- PARTICIPATION:** Attentive Cooperative Uncooperative Sporadic Responses
 Unconnected Unresponsive

COMMENTS:

36. CLIENT'S MOOD: N/A

- EMOTIONAL:** Stable Indifferent Depressed Agitated/irritable
 Demanding Anxious Other _____
- MANNER/ATTITUDE:** Receptive Constructive Positive Cooperative
 Impulsive Withdrawn Disinterested Suspicious
 Critical Assaultive Destructive Threatens violence
 Other _____
- THOUGHT PROCESS:** Organized Coherent Appropriate Concrete
 Irrelevant Hesitant Racing Thoughts Confused Blocking
 Incoherent Disassociated Other _____
- THOUGHT CONTENT:** No problems Guilt Worthlessness Helplessness
 Compulsions Obsessions Phobias Delusions
 Homicidal Suicidal Hallucinations Other _____

COMMENTS:

**TIOGA COUNTY DEPARTMENT OF HUMAN SERVICES
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37. CLIENT'S IQ IMPRESSION: Above Average Average Below Average N/A

38. CLIENT'S LEVEL OF FUNCTIONING (Special Needs-any age) N/A

- COGNITIVE LEVEL** Normal Mild Delay Moderate Delay Severe Delay Unknown
- MOBILITY** Normal for Age Crawls Walks Uses Walker Uses Crutches
 Uses Wheelchair Uses Power Chair Other_____
- SPEECH** Normal for Age Difficult to understand Nonverbal
 Uses speaking device Uses Sign Language Other_____
- HEARING** Normal Impaired Deaf Other_____
- VISION** Normal Impaired Wears Glasses Blind Other_____
- BEHAVIOR** Normal Overactive Underactive Aggressive Other_____
- TOILET SKILLS** Normal for Age In Diaper In Diaper Only at Night
 Catheterization Self-Catheterization Other_____
- DIET/EATING SKILLS** Normal for Age Some Help Needed Button Feeding Tube
 Line Feeding Tube Regular Diet No Help Needed Fed by Others
 NG Feeding Tube Special Diet Other_____
- SPECIAL EQUIPMENT** None Colostomy Computer Shunt Tracheotomy Ventilator
 Monitor Hearing Aids Suction
 Communication Device (Describe)_____ Other_____

COMMENTS:

39. ADDITIONAL COMMENTS / OBSERVATIONS: _____

40. REFERRALS REQUESTED:

1. _____
2. _____
3. _____
4. _____
5. _____